



**SIGNIFICANT INDUSTRIAL USER  
TTO CERTIFICATION INSTRUCTIONS**

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**CITY OF TEMPE  
ENVIRONMENTAL SERVICES DIVISION  
P.O. BOX 5002  
TEMPE, ARIZONA 85280  
(480) 350-2678  
E-mail: [pretreatment@tempe.gov](mailto:pretreatment@tempe.gov)**

### **Instructions for Completing TTO Certification**

The City of Tempe requires all Significant Industrial Users (SIUs) to submit a semiannual certification for all compounds/pollutants listed in Appendix A. This PDF version can be saved if you are using Adobe Reader 8. Use the "save as" function to save the completed report.

**This certification must be received or postmarked no later than July 18<sup>th</sup>.  
No extensions will be granted.**

- A. The Total Toxic Organic (TTO) Verification form must be completed with the name of the facility, service address, contact person, contact title, contact phone.
- B. Review Appendix A. If your facility does not store or use any of the compounds listed in Appendix A then you should check the box A, indicating no compounds are used or stored at your facility.
- C. If your facility does use and/or store any of the compounds listed in Appendix A, you must decide to check either box B or C. If you select box B, please note that the City of Tempe does not, at this time, charge our industry for routine compliance monitoring. The City will sample your local limit outfall for organics regardless of your decision. You can elect to check box C and submit a Solvent Management Plan in lieu of sampling yourself. The City highly recommends that a Solvent Management Plan be established and/or maintained as a means of controlling and properly maintaining all compounds listed in Appendix A.
- D. Submit one TTO Inventory form for each compound/product you use or store at your facility containing a toxic organic compound listed on Appendix A. Complete all sections that apply to the use/handling/disposal of each compound. Print additional copies of the TTO Inventory Form as needed or, if using the Word version, use the "save as" feature in order to retain electronic copies of the form for each compound/product used.
- E. Certification

Certification must be completed entirely and then signed by:

1. A responsible corporate officer, if the user is a corporation. A corporate officer shall be a president, secretary, treasurer, or vice-president of the corporation in charge of a principal

business function, or any other person who performs similar policy- or decision-making functions for the corporation, or the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. A general partner or proprietor if the Industrial User submitting the report is a partnership or sole proprietorship.
3. A duly authorized representative of the individual if:
  - a. the authorization is made in writing by the individual described in #1 or #2 above;
  - b. the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of plant manager or equivalent position having overall responsibility for environmental matters for the company; and that,
  - c. the written authorization is submitted to the City of Tempe Environmental Services Division.

If an authorization under paragraph 1, 2, or 3 is no longer accurate, a new authorization satisfying the above must be submitted to the City prior to or together with any signed certifications/reports.

F. After printing the completed certification, please mail, fax or deliver to:

By Mail  
**(Certified Mail is Recommended):**  
City of Tempe  
Water Utilities Department  
Environmental Services Division  
P.O. Box 5002  
Tempe, Arizona 85280

Hand Delivery:

Water Utilities Dept.  
Environmental Services Division  
6600 South Price Rd.  
Tempe, Arizona 85283

Facsimile:

480-350-2615

**This certification must be received or postmarked no later than July 18<sup>th</sup>.  
No extensions will be granted.**

**CITY OF TEMPE ENVIRONMENTAL SERVICES DIVISION**

**Total Toxic Organic Verification Form**

Name of Facility:

Address of Facility:

Contact Person:

Contact Title:

Contact Phone:

Please check the appropriate box below:

- A. No toxic organic compounds as listed in Appendix A are used or stored at this facility.

- I elect to have this facility monitored for Total Toxic Organics (TTO's). I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be done on an annual basis.
- B.

- This facility elects to submit a Solvent Management Plan in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report.
- C.

## CITY OF TEMPE ENVIRONMENTAL SERVICES DIVISION

### Total Toxic Organic Inventory Form

Please submit one form for each product you use or store at your facility containing a toxic organic compound from Appendix A.

1. Name of Product:
2. Appendix A Constituent(s):
3. Indicate Your Usage for Product:

biocide	catalyst	coolant
degreasing	flux	fuel
metal etch	metal prep	paint stripping

4. Indicate Procedure(s) for Spent Solvents

chemical extraction	physical extraction	solvent recycled on-site
s still	used as fuel	
other (describe)		

solvent shipped off-site (check appropriate box and indicate name)

recycling company:

waste disposal company:

solvent lost or destroyed (check appropriate box)

destroyed in usage	e evaporation	incinerated
oxidized to non-toxic (describe below):		

5. Describe Procedures for Assuring Toxic Organics Do Not Enter Sewer Systems:

Evidence for Parts 4 and 5 will be verified during the inspection of your facility.

**CITY OF TEMPE ENVIRONMENTAL SERVICES DIVISION**

**Total Toxic Organic Certification**

Name of Facility:

Address of Facility:

Contact Person:

Contact Title:

Contact Phone:

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last Periodic Compliance Report (Semiannual Report). I further certify that by checking option C on the TTO Verification Form, this facility is implementing the Solvent Management Plan as described in our Plan.

Date

\_\_\_\_\_  
Signature of Responsible Company Official

Name of Above Official

Title of Above Official

Please submit this report to:

City of Tempe  
Water Utilities Department  
Environmental Services Division  
P.O. Box 5002  
Tempe, AZ 85280